

MODEL FORM
AUTHORIZATION OF REPRESENTATIVE

I (applicant's name) hereby state that I authorize (agent's name) to submit to the (county or tribal name) Department of Social/Human Services my completed Wisconsin Department of Administration, Heating Assistance Application Form (DOA-9549). I also authorize (agent's name) to duly execute the application and any and all documents that may be necessary to establish that said (agent's name) has not in any way changed or altered any information I may have given or statements I may have made on said application(s). I further state under penalties of perjury that this statement is true and correct to the best of my knowledge.

(Applicant's signature)

Witnessed this _____ day of _____ 20

Witness _____ Witness _____

MODEL FORM
AFFIDAVIT OF AGENT

I (agent's name) hereby certify that I (agent's name) am the authorized representative identified by (applicant's name) on (date) to submit the Heating Assistance Application Form (DOA-9549) to the (county or tribal name) Department of Social/Human Services. I also certify that I have not and will not alter or change any information given or statements made by (applicant's name) on said application(s). I further state, under penalties of perjury, that this statement is true and correct to the best of my knowledge.

(Agent's signature)

Witnessed this _____ day of _____ 20